

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 12/18/2006		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 12/21/2006					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS
					DENIALS	DENIALS	FINALIZED
3404901	SMOKY MOUNTAIN	8599	717	DETAIL NOT COVERED BY COMBINAT			
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		79	82	THIS SERVICE IS NOT PAYABLE TO	1	928	1497
				YOUR SUBMITTED BILLING			569
				PROVIDER TYPE AND SPECIALTY IN			
		537	30	PROCEDURE IS NOT COVERED FOR T			
				HIS DATE OF SERVICE			
3404904	WESTERN HIGHLAN	3413	43	PROVIDER TYPE AND SPECIALTY 07			
	DS LME			4/113 CANNOT BILL ENHANCED			
				BENEFIT SERVICES ON OR AFTER D			
		191	34	CLIENT ID NUMBER DOES NOT MATC	0	128	4555
				H PATIENT NAME			4427
		8534	30	SERVICE FACILITY LOCATION IS N			
				OT A VALID IPRS ATTENDING			
				PROVIDER. PLEASE VERIFY THE F			
3404910	PATHWAYS	8599	279	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		8933	230	ADTNC INELIGIBLE TO RECEIVE SE	253	714	3506
				RVICES IN IPRS.			2792
		11	89	CLIENT NOT ELIGIBLE ON SERVICE			
				DATE			
3404912	CATAWBA COUNTYM	8599	8	DETAIL NOT COVERED BY COMBINAT			
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		0	0		0	8	1079
							1071
3404913	MECKLENBURG COM	8518	879	CLAIM DENIED, SUBMITTED BEYOND			
	ENTAL HEALT			FILING TIMELIMIT. PRIOR			
				FISCAL YEAR DOS (JULY 1 - JUNE			
		8599	760	DETAIL NOT COVERED BY COMBINAT	60	2857	6130
				ION OF RECIPIENT, PROVIDER AND			3273
				BENEFIT PACKAGE.			
		143	745	CLIENT ID NUMBER NOT ON STATE			
				ELIGIBILITY FILE			
3404916	CROSSROADS BEHA	21	1890	DUPLICATE OF CLAIM-SYSTEM			
	VIORAL HEAL						
		8534	952	SERVICE FACILITY LOCATION IS N	0	4281	11364
				OT A VALID IPRS ATTENDING			7083
				PROVIDER. PLEASE VERIFY THE F			
		8518	705	CLAIM DENIED, SUBMITTED BEYOND			
				FILING TIMELIMIT. PRIOR			
				FISCAL YEAR DOS (JULY 1 - JUNE			
3404917	CENTERPOINT HUM	143	129	CLIENT ID NUMBER NOT ON STATE			
	AN SERVICES			ELIGIBILITY FILE			
		8599	116	DETAIL NOT COVERED BY COMBINAT	12	474	4310
				ION OF RECIPIENT, PROVIDER AND			3836
				BENEFIT PACKAGE.			
		11	43	CLIENT NOT ELIGIBLE ON SERVICE			
				DATE			
3404919	GUILFORD CO MEN	8518	123	CLAIM DENIED, SUBMITTED BEYOND			
	TAL HEALTHC			FILING TIMELIMIT. PRIOR			
				FISCAL YEAR DOS (JULY 1 - JUNE			
		8599	121	DETAIL NOT COVERED BY COMBINAT	1	297	9731
				ION OF RECIPIENT, PROVIDER AND			9434
				BENEFIT PACKAGE.			
		21	14	DUPLICATE OF CLAIM-SYSTEM			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	21	130	DUPLICATE OF CLAIM-SYSTEM				
		8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	242	1838	1596
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404921	ORANGE PERSON C HATHAM AREA	11	1090	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	601	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	2394	3779	1385
		21	390	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	21	335	DUPLICATE OF CLAIM-SYSTEM				
		8599	255	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	969	9717	8748
		8518	132	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404923	FIVE COUNTY MH	11	105	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	33	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	241	3266	3025
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	388	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	253	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	102	1276	7463	6187
		21	127	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	23	SERVICE REQUIRES PRIOR APPROVA L	10	148	2131	1983
		3411	15	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404927	CUMBERLAND CO M HC	8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	14	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	47	980	933
		5404	6	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	177	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	130	NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL	10	528	6007	5479
		10	122	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	8518	970	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	535	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	130	2888	27096	24208
		21	302	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	234	1792	1558
		8536	57	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404934	ONSLow CARTERET BEHAV REAL	8599	903	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	290	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	1750	3003	1253
		8535	216	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8518	65	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		0	0		0	65	830	765
3404937	EDGEcombe NASH MNTL HLTH C	8518	21	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	18	DUPLICATE OF CLAIM-SYSTEM	0	39	1693	1654
3404939	NEUSE MENTAL HE ALTH CENTER	8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1588	5	CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE	0	28	427	399
		537	2	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404941	PITT CO MH/DD/S AS CENTER	8518	18797	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	2155	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	21596	23394	1798
		143	204	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	26	DUPLICATE OF CLAIM-SYSTEM	0	101	2863	2762
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	22	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		21	12	DUPLICATE OF CLAIM-SYSTEM	3	51	66	15
		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA N SERVICES	8534	69	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	71	949	878
		24	1	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404946	FOOTHILLS AREAM ENTAL HEALT	79	425	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	787	5450	4663
		8535	60	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404957	TIDELAND MENTAL HEALTH CTR	8505	148	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8518	77	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	4	305	2699	2394
		8800	60	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404979	NEW RIVER AREAM H/DD/SA PRO	3412	58	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	171	8333	8162
		120	13	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				